Notice of Privacy Practices, Financial Policy and Office Policies, Revised 8.13.26

Notice of Privacy Practices

Our Notice of Privacy Practices explains how Vinyard Institute of Plastic Surgery, LLC may use and disclose your protected health information and describes your rights regarding that information. You have the right to review this Notice before signing this acknowledgment.

The terms of our Notice may change. If the Notice is updated, a revised copy will be made available for your review.

By signing below, you acknowledge that you have been informed of how we may use and disclose your protected health information as described in our Notice of Privacy Practices. A copy of the Notice is available through the link provided with this form, on our website at www.plasticsurgeryvips.com under the Resources tab, and at our patient concierge desk.

We encourage you to ask any questions you may have regarding the Notice or how it applies to your information.

Signature: _____

Financial Policy

Welcome to Vinyard Institute of Plastic Surgery, LLC, and thank you for entrusting us with your care. We are committed to providing exceptional care and service. Understanding and complying with our financial policies helps ensure a smooth experience for both our patients and our team.

Payment is required before services are rendered. We accept Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon Credit, PatientFi, Cherry, money orders, cashier's checks, personal checks, and cash. Checks must be made payable to Vinyard Institute of Plastic Surgery.

A $50 fee will be assessed for returned checks. Returned checks exceeding $500 will also incur a fee equal to 5% of the check amount. Accounts with balances outstanding for more than 30 days may be referred to an outside collection agency. A $50 processing fee, along with any applicable attorney fees or court costs, may be added to the outstanding balance.

Patient Initials: _____

Office Policies to Know Before You Arrive

To help us maintain a safe, professional, and patient-focused environment, all patients and visitors are expected to comply with the following office policies.

Children in the Office

- Children younger than 12 may accompany a patient only when another responsible adult, other than the patient, is present to supervise them throughout the appointment.
- Children may not be left unattended anywhere in the office.
- VIPS team members cannot supervise children in the lobby or elsewhere in the facility.
- These requirements help us protect patient safety and privacy and allow patients and providers to remain focused during appointments and treatments.

Service Animals, Emotional Support Animals and Pets

In accordance with the Americans with Disabilities Act and Florida Statute § 413.08, qualified service animals accompanying individuals with disabilities are welcome in areas of our facility where patients and members of the public are ordinarily permitted.

- A service animal must be trained to perform work or tasks directly related to an individual's disability.
- Emotional support animals, comfort animals, therapy animals, and pets that are not trained to perform disability-related work or tasks are not considered service animals and are not permitted in the medical office.
- Service animals must remain housebroken and under the handler's control at all times.
- Service animals must generally be harnessed, leashed, or tethered. If a person's disability prevents the use of such a device, or if the device would interfere with the animal's safe and effective performance of its work, the animal must remain under control through voice commands, signals, or another effective method.
- A service animal may be excluded from a specific area when its presence would compromise a sterile environment, create a direct threat to health or safety, or fundamentally alter the safe delivery of a service.
- VIPS team members are not responsible for supervising, handling, feeding, or otherwise caring for a service animal.

Food and Beverages

- Food is not permitted in the office.
- Beverages are permitted only in securely closed, spill-proof containers.
- These requirements help us maintain cleanliness and minimize spills, odors, and potential allergy concerns.

If you arrive with an unattended child or an animal that is not permitted under these policies and are unable to make appropriate alternative arrangements, your appointment will need to be rescheduled. Any applicable consultation or reservation fee will be forfeited, and a new fee will be required to rebook.

Patient Initials: _____

VIPS Cosmetic Surgery and In-Office Cosmetic Procedures

Surgical Consultation Fee

A non-refundable, non-transferable $150 surgical consultation fee is required to schedule a consultation with Dr. Vinyard. This fee compensates for the time and expertise dedicated to your consultation and personalized treatment planning.

Cancellations and rescheduling requests require at least two business days' notice, based on our regular business hours of Monday through Friday, 9:00 a.m.–5:00 p.m. If your appointment is canceled or rescheduled with less than two business days' notice, or if you fail to attend your appointment, the consultation fee will be forfeited. An additional consultation fee will be required to schedule another surgical consultation.

If you reserve your surgery within 30 days of your consultation date, the consultation fee will be applied toward your surgical procedure balance. After 30 days, the fee will be retained as compensation for Dr. Vinyard's consultative time and may not be applied toward future services.

The surgical consultation fee may be applied only toward a surgical procedure. It cannot be credited toward MedSpa treatments, services, or products.

Patient Initials: _____

Surgical Reservation Fee

A $1,000 non-refundable, non-transferable surgical reservation fee is required when reserving a surgery date. This fee secures the selected date and compensates for the time-intensive surgical scheduling and coordination process.

The reservation fee will be applied only toward the procedure and surgery date for which it was originally paid.

Patient Initials: _____

Surgery Balance Payment

The remaining procedure balance must be paid in full no later than three weeks before the scheduled procedure date.

Post-dated checks are not accepted. If paying by debit card, please contact your financial institution in advance to confirm or adjust any daily transaction limits.

Patient Initials: _____

Surgical Rescheduling Policy

Rescheduling a procedure for any reason requires an additional $1,000 surgical reservation fee to secure a new surgery date.

Patient Initials: _____

Surgical Cancellation Policy

If you cancel your procedure for any medical or personal reason, the following charges will apply:

Notice Before Procedure	Charge Applied
14 days before the procedure	25% of the total procedure fee
7–13 days before the procedure	50% of the total procedure fee
2–6 days before the procedure	75% of the total procedure fee
One day before the procedure	100% of the total procedure fee

Patient Initials: _____

VIPS Cosmetic Center MedSpa Services

Complimentary MedSpa Consultation Cancellation Policy

Initial MedSpa consultations are complimentary. We kindly request at least one business day's notice if you need to cancel or reschedule your consultation.

If you cancel or reschedule with less than one business day's notice, or fail to attend your scheduled consultation, a $100 consultation fee will be required before another MedSpa consultation may be scheduled with one of our aesthetic experts. If you move forward with a recommended procedure or treatment within 30 days of the rescheduled consultation, the $100 consultation fee will be applied toward that procedure or treatment.

Repeated no-shows or last-minute cancellations may affect your ability to schedule future services, as they disrupt the elevated, personalized experience we strive to provide to every VIPS patient.

Patient Initials: _____

Card-on-File Requirement for MedSpa Treatment Appointments

A valid credit or debit card must be securely placed on file to reserve a MedSpa treatment appointment with one of our providers. The card will not be charged at the time of booking.

The card on file serves as authorization for VIPS Cosmetic Center to charge the applicable $100 reservation fee if the appointment is canceled or rescheduled without the required notice or if the patient fails to attend the appointment.

Reservation fees may not be transferred to another patient. When an appointment is rescheduled with the required notice, no reservation fee will be charged, and the card on file will remain associated with the rescheduled treatment appointment.

Patient Initials: _____

MedSpa Treatment Cancellation and Rescheduling Policy

Cancellations and rescheduling requests require at least two business days' notice, based on our regular business hours of Monday through Friday, 9:00 a.m.–5:00 p.m.

If a MedSpa treatment appointment is canceled or rescheduled with less than two business days' notice, or if the patient fails to attend the appointment, a $100 reservation fee will be charged to the card on file.

An additional $100 reservation fee may be required before another MedSpa treatment appointment can be scheduled.

Repeated no-shows or last-minute cancellations may affect your ability to schedule future services, as they disrupt the elevated, personalized experience we strive to provide to every VIPS patient.

Patient Initials: _____

MedSpa Treatment Balance Payment

Full payment for MedSpa treatments is due before the service is performed. We accept Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon Credit, PatientFi, Cherry, money orders, cashier's checks, and cash. Personal checks are not accepted for same-day MedSpa treatments.

Refund Policy

All procedures, treatments, services, and products purchased from Vinyard Institute of Plastic Surgery, LLC or VIPS Cosmetic Center are non-refundable.

Although our team is committed to helping you achieve your aesthetic goals, individual outcomes cannot be guaranteed. Results may vary based on factors including anatomy, physiology, medical history, lifestyle, and adherence to pre-treatment and post-treatment instructions.

We value open communication and collaboration throughout your care and encourage you to discuss any questions or concerns with your provider.

Patient Initials: _____

Card-on-File Acknowledgment and Authorization

I understand and agree that a valid credit or debit card is required to reserve a MedSpa treatment appointment. I authorize Vinyard Institute of Plastic Surgery, LLC and VIPS Cosmetic Center to securely maintain my card on file.

I understand that my card will not be charged at the time of booking. I authorize VIPS to charge a $100 reservation fee to the card on file if:

- I cancel or reschedule a MedSpa treatment appointment with less than two business days' notice; or
- I fail to attend my scheduled MedSpa treatment appointment.

I understand that reservation fees are non-refundable and may not be transferred to another patient. When I provide the required notice to reschedule an appointment, no reservation fee will be charged, and the card on file will remain associated with my rescheduled appointment.

I acknowledge that this authorization will remain in effect unless I revoke it in writing. I understand that revoking this authorization may affect my ability to reserve future MedSpa treatment appointments. My card information will be stored securely in accordance with applicable payment-card security standards.

Signature: _____

Policy Acknowledgment and Consent

By signing below, I acknowledge and agree that:

- I have received or been provided access to the Notice of Privacy Practices.
- I have reviewed and understand the financial, surgical, MedSpa, cancellation, rescheduling, reservation-fee, refund, card-on-file, and office policies described in this document.
- I understand that failure to comply with these policies may result in the forfeiture or assessment of fees, additional fees being required before rebooking, or limitations on my ability to schedule future services.
- I have had the opportunity to ask questions about these policies and agree to comply with the terms applicable to the services I receive from Vinyard Institute of Plastic Surgery, LLC and VIPS Cosmetic Center.

Signature: _____